



EMPOWERMENT SCHOLARSHIP ACCOUNT  
2016-2017 EXPENSE REPORT  
PRIVATE SCHOOL EXPENSES ONLY

Applicant/Legal Guardian and Student Details (print in blue or black ink):

Quarter: \_\_\_\_\_

Student First Legal Name	Student Legal Last Name
Applicant/Legal Guardian First Name	Applicant/Legal Guardian Last Name

Expenses (If not Applicable, Leave Blank)

1) Private School Expenses

A) Tuition

School Name: \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semester ☐ Quarterly ☐ Annual

B) Fees

Fee Type 1: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

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Fee Type 2: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

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Fee Type 3: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square



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**C) Textbooks - Required By Private School**

Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$

**B) Uniform (Required By and Purchased Through School)**

Total Payment Amount: \$ \_\_\_\_\_

**EXPENDITURE – ATTESTATION FORM**

Pursuant to Arizona Revised Statutes § 15-2402 & 15-2403, as the ESA contract holder, I certify that:

- 1) All funds have been spent for the lawful benefit of the qualified student as authorized in Section 3 of the Empowerment Scholarship Agreement.
- 2) I understand that the Arizona Department of Education is authorized to audit all expenditures and may:
  - a. Suspend an ESA account or remove a parent for misspending;
  - b. Require repayment of misspent funds before releasing additional monies;
  - c. Refer gross misspending for further investigation to the Attorney Generals' Office that may result in a civil judgment or criminal indictment.
- 3) I understand it is a violation of ESA policy to retain the services of a family member or ESA card holder as a therapist, tutor or aide.

Parent Name ( <i>Print</i> )	Signature	Date
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**Please be aware that submission is not considered complete without all supporting documentation (receipts, invoices, credentials, etc.)**

**Send completed Expense Report and required documents to:**



**Mail**

Arizona Department of Education Attn: ESA  
1535 W. Jefferson Street Bin #41  
Phoenix, Arizona 85007



**Email:**

**esareports@azed.gov**